Warren Featherstone Reid Award for Excellence in Health Care

Nomination for 2003 Award

The Washington Legislature created the Warren Featherstone Reid Award for Excellence in Health Care in 1994. The award, which honors the career of a dedicated public servant and health policy expert, showcases successful efforts to increase access to health care by delivering quality health care services in a cost-effective manner. For more details, contact the Washington State Board of Health by calling (360) 236-4110 or visiting the Board's Web site at www.doh.wa.gov/sboh/.

The nomination form and accompanying materials must be postmarked, hand-delivered or sent by electronic mail on or before December 31, 2001. Please send all materials to:

Warren Featherstone Reid Award
Washington State Board of Health
1102 Quince SE
PO Box 7990
Olympia, WA 98504-7990
(360) 236-4110
sboh@doh.wa.gov

NOMINEE

If nominee is a individual health care provider:

Name _____
Position _____
Contact number _____

If nominee is a health care facility:

Name of facility Inland Northwest Health Services
Type of facility Multi-Stakeholder Non-Profit Hospital Service Provider
Name of CEO Tom Fritz
Contact number 509-232-8102

NOMINATE BY

Name Nancy Vorhees
Position Chief Operating Officer
Address 157 S Howard St Ste 500
Spokane WA 99201
Phone/Fax 509-232-8104
E-mail vorheen@inhs.org

INHS

INLAND NORTHWEST HEALTH SERVICES

December 22, 2003

Jennifer Dodd
Warren Featherstone Reid Award
Washington State Board of Health
1102 Quince SE
PO Box 7990
Olympia, W A 98504-7990

Dear Ms. Dodd,

Inland Northwest Health Services (INHS) consistently and successfully works toward increasing access to health care in Washington State by delivering quality health care services in a cost-effective manner. As the Chief Operating Officer, I would like to nominate Inland Northwest Health Services for the Warren Featherstone Reid Award for Excellence in Health Care.

Please find the enclosed description of INHS' contribution. We are very proud of the steps we have taken to make each collaborative effort beneficial to our community and region. INHS is committed to doing our part to help keep health care costs from spiraling out of reach, while continuing to provide services of the highest quality for our patients and customers. Our efforts certainly complement the Warren Featherstone Reid Award criteria.

Thank you for your consideration,

Sincerely,

Nancy LVorhees, COO

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INHS

INLAND NORTHWEST HEALTH SERVICES

Located in Spokane, Washington, Inland Northwest Health Services (INHS) is a unique collaborative effort that serves as a national model for sharing community resources and connecting providers and patients across a vast rural region. With few examples from which to learn, the sponsoring partners of INHS (Empire Health Services and Providence Services of Eastern Washington) have labored to design and implement a model from scratch because they are convinced that this effort is the right thing to do for this community and region.

With INHS' advances in technology and our partnership with 46 hospitals and other healthcare facilities in the Inland Northwest, we have been placed in a position whereby rural hospitals look to INHS for assistance with many healthcare, technological and community needs. *Northwest TeleHealth (TeleHealth)* is key to the success of this effort. TeleHealth links 46 rural and urban hospitals, clinics and physician offices and Regional Support Network offices to allow remote access to clinical consults and community education. TeleHealth uses video monitors, specialized cameras, microphones and diagnostic equipment to allow rural community residents to see a specialist at a distant location over a private and secure network. It also brings medical consultations and examinations, follow-up care and educational services directly to physicians, hospitals, and into people's homes in outlying areas. TeleHealth also offers community health education classes and clinical programs including Physician continuing medical education programs, Emergency Medical Technician Training and Nursing Education programs via teleconferencing. These varied services allow TeleHealth to cost effectively increase access to and improve the quality of health care for patients and practitioners all across the state of Washington.

We would specifically like to highlight three unique, successful programs of TeleHealth:

TeleTrauma: Often rural hospitals lack the most advanced facilities and do not see enough trauma victims to be well practiced in all of the latest emergency procedures. Working with an urban trauma specialist, TeleHealth began a pilot project with funding from the Office for the Advancement of TeleHealth (OAT) to establish a video conferencing link between two rural emergency rooms and a major trauma center. This enables rural facilities to rapidly diagnose and treat critically ill patients with an expert from an urban trauma center. A step above traditional telephone consultations, visual capability greatly enhances the specialist's ability to correctly diagnose a patient's condition.

The TeleTrauma system includes a fixed camera in the ,rural trauma bay and another in a separate office, giving multiple views of the patient and privacy for the provider's consultation. The design also allows the integration of digital imaging, access to medical records and lab results, as well as specialized examination cameras needed for wounds and skin conditions. The urban trauma specialist is able to remotely control the rural hospital cameras, allowing the on-site medical staff to focus on stabilization of the patient. Consultation via videoconferencing is on going until either an air ambulance arrives to transport the patient to the urban facility or until

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the patient is stabilized.

Necrotizing Fascitis in the rural ER, allowing the patient to be immediately airlifted for hyperbaric oxygen treatment.

TelePharmacy: TelePharmacy was developed to address the serious shortage of pharmacists in rural areas, as well as to reduce medication errors and increase patient safety. In *2001,* INHS received Appropriations funding to purchase TelePharmacy equipment for Othello Community Hospital, which had lost their full time pharmacist and been unable to recruit a replacement. In collaboration with Sacred Heart Medical Center (SHMC), Othello now receives 24/7 pharmacy services through the Te1ePharmacy program. With the success of this pilot project, two more rural sites have been added and will be operational by early *2004.*

How does TelePharmacy work? When a doctor at a rural hospital issues a prescription, an alert is sent to the pharmacist at the urban medical center (SHMC). When the alert is received, the pharmacist reviews, processes, verifies and electronically authorizes the dispensing of the prescription through a specialized Automatic Dispensing Device (ADD). The prepackaged medication is then released electronically via the ADD. The nurse, with password authorization to the ADD work station, double checks the medication and label. The pharmacist is able to monitor the verification process and has complete auditing capabilities and access to the medical records. At any time, the patient, *nurse* or physician may opt for a consultation with the pharmacist via live video conferencing.

. TelePharmacy expands access to, coordinates, and improves the quality of health care services in underserved communities. The program addresses the health care professions shortage by providing rural locations with access to a specialized pharmacist. The effectiveness of the program has been demonstrated through cost saving reports, observed increases in patient satisfaction and measured reduction in medication errors. TelePharmacy electronically documents individual patient prescriptions so they can be accurately billed. This has significantly increased Othello Hospital's revenue. Further, Othello Hospital has administered 96,263 orders via the TelePharmacy system. The hospital-based pharmacists in Spokane intervened in *3,004* of those orders to avoid medication errors. In addition to preventing morbidity and mortality, avoiding medication errors saves money. .

TeleEducation: Although rural medical facilities need a skilled work force in order to successfully serve their communities, extensive travel time, bare-bones staffing levels, and cost constraints makes it unrealistic for staff to travel to urban areas for specialized training. TeleEducation makes it possible because it brings the training to them. Recently an interactive "Basic Emergency Nurse Course" was presented to157 nurses in 21 hospitals throughout Washington and Idaho over TeleHealth. Emergency Medical Services and first responders had the opportunity to improve their trauma skills through a TeleHealth Series dubbed "EMS-Live at Night!". By keeping and enhancing the skills of nurses, EMS providers and physicians, distance learning in healthcare has become an essential tool for a skilled workforce. As TeleHealth continues to grow and evolve, the direct benefit will be safer and healthier rural communities in which to live.

With the success of Northwest TeleHealth, Inland Northwest Health Services strives to provide leadership while achieving excellence in health care. We are proud of the steps taken to make each collaborative effort beneficial to our community and region and are committed to doing our part to help keep health care costs from spiraling out of reach, while continuing to provide services of the highest quality for our patients and customers.

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December 22, 2003

RE: Warren Featherstone Reid Award for Excellence in Health Care

To Whom It May Concern:

This is a letter in support of the Inland Northwest Health Services (INHS) telepharmacy project application for the Warren Featherstone Reid Award for Excellence in Health Care. My assumption is that the entire telepharmacy project is being described elsewhere in the application.

Othello Community Hospital is a 15 bed Critical Access Hospital located in the Columbia Basin. The economy of our area is predominantly agricultural. The local farms and the local food processing plants employ significant numbers of people at minimum wage and many of those employees are of Hispanic origin. The city of Othello is more than 60 per cent Hispanic. We serve a disproportionately large number of patients on public assistance.

Like many rural hospitals, Othello Community Hospital has a difficult time attracting qualified professionals in several healthcare fields, Othello is not noted for its recreational facilities. The summers are hot. The winters are cold. The closest cultural events are in Spokane, a two hour drive. Many professionals are reluctant to relocate here because of the lack of amenities. And when the professional is willing to relocate, often times they are married and the spouse is unwilling to relocate here.

Pharmacy is one of the professions in which it is difficult to attract qualified individuals to a rural area such as Othello. Our involvement in the telepharmacy project originated in 1999 when our long time pharmacist left for greener pastures. At that time our pharmacy process was to have the pharmacist in-house from 8AM to 5 PM week days and on call for emergencies on evenings and weekends. The pharmacist often complained of not having a life because of being on call so much of the time. When our pharmacist wished to go on vacation we would arrange for temporary pharmacist services to cover the position. This was often difficult because we operate with the Meditech information system through Inland Northwest Heath Services (INHS). The Meditech system is a sophisticated electronic system which requires training to utilize effectively. It was often difficult to find a pharmacist able to utilize the Meditech system and also ready, able, and willing to work in Othello.

After the departure of our pharmacist in 1999, we contracted with a local retail pharmacist to act as our pharmacy manager while we searched for a full time replacement. Contracting with a local pharmacist fulfills the requirements of the law and is a common practice in rural hospitals. The pharmacist with whom we contracted had his own business to operate. That business was his focus, not the administration of our pharmacy. Because he was not available at the hospital each day, he reviewed medication orders after his retail store closed for the day. Potentially patients could have had adverse medication reactions before the medication order was even reviewed by a pharmacist. This did not happen but the potential existed.

When we did hire a pharmacist with hospital experience, he proved to be less than capable and

was terminated within three weeks. It was nine months before we were able to employ a capable pharmacist. That pharmacist stayed for one and a half years before leaving. This time it was fifteen months before we were able to obtain the services of an experienced hospital pharmacist. During the intervening months we again contracted with a local pharmacist for services. And each time in the interim we did not generate the quality of pharmacy services we wish to provide our patients.

In July of 2002 we employed our current pharmacy manager who works in conjunction with INHS and the telepharmacy project. He has become an integral part in the telepharmacy project. It is his oversight, along with the 24 hour, seven day per week coverage through Sacred Heart pharmacy via our INHS telepharmacy connection that _s resulted in what we believe to be a superior pharmacy operation at our hospital

We see several benefits to this project.

Foremost among the benefits is a reduction in medication errors. Medication orders are now reviewed by a pharmacist prior to the medication being administered to the patient. There is a clinical intervention if the patient profile of sex, weight, and diagnosis are not consistent with the specific medication ordered, the quantity of medication ordered, and the intervals of medication administration. The pharmacist also reviews for contraindications, known warnings on the medication, and established adverse reactions to the medication. The pharmacist may point out that a lab test is needed to monitor the effects of the medication on the patient. Any issues brought up by the pharmacist are resolved before the medication is administered to the patient.

The use of automated dispensing units further reduces the potential for medication errors because of the controls inherent in the operation of the units. The medication order has to have been reviewed by a pharmacist before the medication can be removed from the automated dispensing unit, The patient has to be specifically identified prior to removing the medication. There is an audit trail of who accessed each trey of the unit. Item counts of medications in the treys are made daily. The automated dispensing units are physically located close to the patient care area whereas the pharmacy itself is located a good distance *from* those areas. This proximity of the medications to the patient care area has essentially eliminated trips to the pharmacy evenings and weekends as was the case when we did not have a pharmacist in house. Increased availability of nursing staff for patient Care has resulted, along with a much lower potential for medication errors.

The quality of care has improved with the telepharmacy project. With pharmacist review of the medication orders prior to administration, the physician writing the order can be advised if there is a more appropriate drug currently on the market. The explosion of medications coming to the marketplace almost daily creates a situation where even the most diligent physician has a difficult time keeping up on the best possible medication for any given condition. But pharmacists do keep up on the latest medications and their review adds much to the treatment process. Additionally, Sacred Heart pharmacists see a much broader spectrum of patients, and by a much greater range of physicians, than would ever be experienced by a sole pharmacist in Othello. That breadth of experience day-to-day improves the quality of care to patients.

The availability of a pharmacist 24 hours per day seven days per week also enables our nursing staff to contact a pharmacist immediately if there IS some concern on their part as to medication being administered to the patient. That same availability also enables our physicians to consult with a pharmacist prior to writing medication orders. Higher quality of care results from this availability.

Along with the above advantages is a cost benefit to Othello Community Hospital resulting from the telepharmacy project. While our total annual out of pocket costs using telepharmacy are nearly equal to our costs when we employed a full time pharmacist in-house, we now have 24 hour coverage where before our pharmacist was basically an 8 AM to 5 PM operation week days. We are now getting more coverage for our dollar.

The telepharmacy provides continuity in the long term operation of our pharmacy. If our current pharmacy manager decides to move on, there will be a core of pharmacists at Sacred Heart who are familiar with our operation and only a minimal disturbance to our operation as we look for a new manager.

The telepharmacy process is easily adaptable to any hospital connected to the Meditech system operated by INHS. Currently, 33 hospitals are on the system and 27 of those hospitals are classified as rural. That 27 hospital total includes most of the rural hospitals in Eastern Washington. As the existing pharmacy structure at any of those rural hospitals changes, the hospital can readily implement the telepharmacy project.

We believe the telepharmacy projects places our pharmacy operation on a very high quality of care spectrum, and at a reasonable cost. Patients can rest assured that their medications have been reviewed by a very qualified pharmacist prior to the medication being administered to them. Patients are ultimately the winner from the telepharmacy project

Sincerely,

eon Walsh, CFO

Spokane County Emergency Medical Services &Trauma Council
Office of the Medical Program Director

December 16, 2003

Warren Featherstone Reid Award
Washington State Board *of* Health
P.O. Box 7990
Attn: Jennifer Dodd
Olympia, W A 98504-7990'

Dear Jennifer,

I am most pleased to write a letter *of* support for INHS's nomination for the Warren Featherstone Reid Award for Excellence in Health Care. I had the privilege to meet "Feather" on several occasions early in our efforts to establish the Washington State Trauma System. I remember vividly one encounter where he made a point of sitting down with me and providing some very important guidance regarding developing a successful plan for this project. He immediately impressed me with his knowledge of and commitment to the development of quality health care systems. I am certain that he would have recognized and supported INHS's commitment to the development of Tele-Health systems within our region.

INHS's leadership in establishing our tele-Trauma communication capability represents the cutting edge of enhanced information sharing and inner-activity between our urban and rural health care providers. Real time teleconsultation between our rural providers and our urban hospital has already demonstrated some of the potential benefits of this form of communication. For the first time we are able to receive the visual images of a patient that do so much more than words alone to communicate the seriousness of their illness or injury. Our telecommunication format leads us through a more formal and interactive form of consultation that benefits the rural provider as well as the receiving urban physician.

A number of wonderful unanticipated benefits have appeared as we have initiated this format of communication. For the first time, we are able to meet each other 'face-to-face.' This goes a long way toward enhancing our relationships and promotes a real sense of team work between us. In addition, the increasing detailed 'picture' that this format provides us has allowed us to much better prepare of and anticipate a patient's need prior to their arrival. The Tele-Trauma system has helped move us well beyond waiting to see what the patient looks like when she/he arrives.

As we continue to apply this new technology, there are other aspects of its capability that we will, no doubt, be able to employ. Given the high level of capability of our regional emergency personnel, it has not been necessary of this system to attempt to manage a patient's care remotely. On the other hand, the benefit of consultation with an emergency physician at a high volume center will no doubt find its niche for a subset of particularly complex or unusual cases. Just as we benefit from in person consultation with sub specialists, so too is it likely that our rural providers will occasionally benefit from a real time review of patient management.

The development of INHS's videoconferencing series; "EMS live at Night" is perhaps the most exciting development in rural outreach education in decades. It has been truly remarkable to be able

to deliver quality continuing medical education to prehospital and hospital emergency care providers across our state. I wish that we could have had “Feather” as a guest on of our programs. I have no doubt he would have enjoyed the experience and been able to provide our viewers with a remarkable overview of health care policy within our state and nation.

Whatever the future of our telecommunication system, the benefits of improved communications between EMS providers over a large geographic area is already apparent. INHS is to be congratulated for this contribution to health care within our state.

Sincerely.

James M. Nania, MD, FACEP
Medical Program Director

SACRED HEART – OTHELLO TELEPHARMACY COLLABORATION
January – September 2003

TIME DEDICATED TO ORDER ENTRY VERIFICATION AND PHARMACY SUPPORT

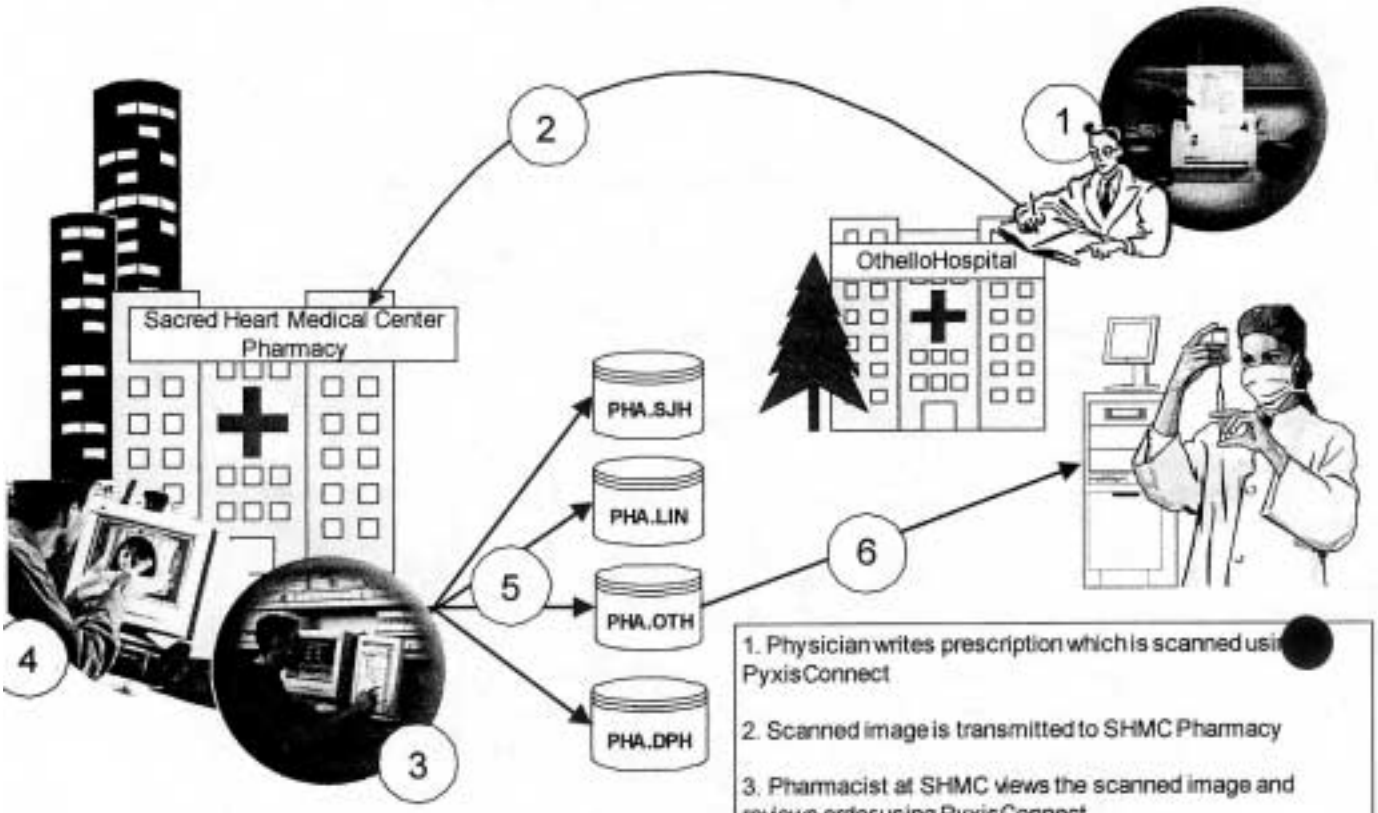
	Average per Month Jan – Sept 2003	Totals Jan – Sept 2003
Order Verification, Resolving Issues, Drug Information Questions	30.5 hours	320
Total Interventions	438	3943
Transactions (new/stock/DC/credit/debit)	5723	51,503

CLINICAL ISSUES NOTED DURING ORDER VERIFICATION

	Average per Month Jan – Sept 2003		Totals Jan – Sept 2003	
	Noted	Resolved	Noted	Resolved
Order Clarification Issues (number)	19	18*	175	161*
Comment Entered by a Pharmacist	13	NA	117	NA

* No patient harm occurred with any order resolved. Of the issues that were not resolved, no issue was considered life –threatening.

Prepared by: Michelle M. Sodorff, Performance Improvement Coordinator, Sacred Heart Medical Center
Summary by: Jan Constable, Grants Manager, Inland Northwest Health Services 12/03



1. Physician writes prescription which is scanned usi
PyxisConnect

2. Scanned image is transmitted to SHMC Pharmacy

3. Pharmacist at SHMC views the scanned image and reviews order using PyxisConnect.

4. Pharmacist and Doctor/Nusre can consult on the order using PolyCom video link

5. Pharmacy order is entered into the rural hospital's Meditech database

6. Order is transmitted to Pyxis MedStation for verification and dispensing by nursing staff

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